



PTO/SB/17 (12-04)

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FEE TRANSMITTAL For FY 2005		Complete if Known	
		Application Number	10/603,440
		Filing Date	June 24, 2003
		First Named Inventor	Sonja M. Fields
		Examiner Name	Jacqueline F. Stephens
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	3761
TOTAL AMOUNT OF PAYMENT	(\$) 130.00	Attorney Docket No.	01313/100F698-US3

METHOD OF PAYMENT (check all that apply)

<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input type="checkbox"/> Deposit Account	Deposit Account Number: 04-0100		Deposit Account Name: Darby & Darby P.C.	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee			
<input type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments			

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____ - = _____ x _____ = _____						
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>			
_____ - = _____ x _____ = _____						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____ / 50	_____ (round up to a whole number) x _____	_____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: 1814 Statutory Disclaimer

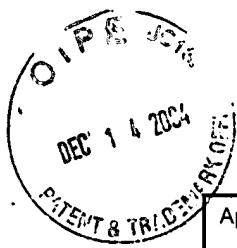
Fees Paid (\$)

130.00

SUBMITTED BY			
Signature	<i>Sandra Lee</i>	Registration No. (Attorney/Agent)	51,932
Name (Print/Type)	Sandra S. Lee	Telephone	(212) 527-7735
		Date	December 14, 2004

Express Mail Label No.

Dated: _____



Application No. (if known): 10/603,440

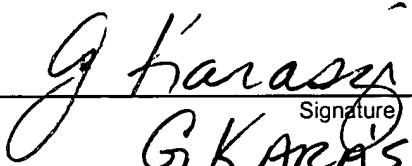
Attorney Docket No.: 01313/100F698-US3

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Date



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G. KARASZI

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Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page);
Amendment in Response to Non-Final Office Action (3 pages);
Amendment Transmittal (1 page);
Check in the amount of \$1,020.00 (Check No. **7016**);
Terminal Disclaimer (2 pages);
Fee Transmittal (1 page);
Check in the amount of \$130.00 (Check No. **7017**); and
Return postcard.



AMENDMENT TRANSMITTAL LETTER

Docket No.
01313/100F698-US3Application No.
10/603,440Filing Date
June 24, 2003Examiner
Jacqueline F. StephensArt Unit
3761

Applicant(s): Sonja M. Fields et al.

Invention: DISTRIBUTION STRIP FOR ABSORBENT PRODUCTS

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	6	- 20 =		x	
Independent Claims	1	- 3 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within third month					1,020.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					1,020.00

☒ Large Entity☐ Small Entity☐ No additional fee is required for this amendment.☐ Please charge Deposit Account No. _____ in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.☒ A check in the amount of \$ 1,020.00 to cover the filing fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge and credit Deposit Account No. 04-0100
as described below. A duplicate copy of this sheet is enclosed.☒ Credit any overpayment.☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

Dated: December 14, 2004

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